

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2	/		/				52					
3	(1)						53					
4	(1)						54					
5	(1)						55					
6	(1)						56					
7	(1)						57					
8	(1)						58					
9	(1)						59					
10	(1)						60					
11	/						61					
12	/						62					
13	/						63					
14	/						64					
15	/						65					
16	/						66					
17	/						67					
18	/						68					
19	/						69					
20	/						70					
21	/						71					
22	/						72					
23	(1)						73					
24	(1)						74					
25	(1)						75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			/				TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

BEST AVAILABLE COPY